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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847798 (6)

1. Corporation Name
SECURITY PACIFIC FINANCE CREDIT CORP.



Principal Place of Business
10089 WILLOW CREEK ROAD
SAN DIEGO CA 92131

Mailing Address
10089 WILLOW CREEK ROAD
ATTN: TAX DEPT., #24400
SAN DIEGO CA 92131-1603
US

3. Date Incorporated or Qualified 12/22/1980	3a. Date of Last Report 03/15/1996
4. FEI Number 53-0246829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. P.O. Box 34000
22. City & State	27. C/o TAX DEPT. # 24400
23. Zip	28. SAN FRANCISCO CA
24. Country	29. 94137
25. Country	30. US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	AT
NAME	GUNN, GERALD G.	1.2 NAME	ANNA CRANDALL
STREET ADDRESS	555 CALIFORNIA ST.	1.3 STREET ADDRESS	199 MARKET ST
CITY - ST - ZIP	SAN FRANCISCO CA	1.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94137
TITLE	S	2.1 TITLE	
NAME	SOROKIN CHERYL A.	2.2 NAME	
STREET ADDRESS	555 CALIFORNIA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	
NAME	WILSON, FAYE M.	3.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	
NAME	CHAN-SHAFFER, CLAUDIA	4.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	WILLIAMS, CAMERON E.	5.2 NAME	
STREET ADDRESS	10089 WILLOW CREEK ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN DIEGO CA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	JONES, JAMES G.	6.2 NAME	
STREET ADDRESS	555 CALIFORNIA ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)